



# San Diego County Sheriff's Department Arrest/Juvenile Contact Report

Case No. **18150386**CAD Event No.: **E5260303**Case Disposition: **Arrest**Primary Victim: **(b)(5)(B)**Report No. **18150386.1**

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**ARREST REPORT****JUVENILE CONTACT REPORT**WARRANT: ☐ LOCAL ☐ OUT**GENERAL CASE INFORMATION**

Primary Charge: <b>273.5 (A) - PC - SPOUSAL/COHABITANT ABUSE WITH MINOR INJURY (F)</b>			
Special Studies:		Related Cases:	
Location, City, State, ZIP: <b>(b)(5)(A) Montecito Rd, Ramona, CA 92065</b>		Occurred On: <b>09/27/2018 17:15:00 (Thursday)</b>	
Jurisdiction: <b>Ramona - RAMONA</b>	Beat: <b>430</b>	Call Source: <b>ADMIN</b>	(and Between):
Means: <b>22 - Inflicted Injury 56 - Suspect/s used Threats 60 - Drunk on Alcohol or Drugs</b>		Motives: <b>01 - Alcohol a factor in action 03 - Related to Controlled Substances 07 - To satisfy personal need or desire</b>	

**VICTIM/S****Victim #1**

Person Code: <input type="checkbox"/> Secured Premise <input type="checkbox"/> Discovered Crime <input type="checkbox"/> <input checked="" type="checkbox"/> Reporting Party <input type="checkbox"/> Law Enforcement Officer				
Name: <b>(b)(5)(B)</b>	Victim Type: <b>I - Individual</b>	Interpreter Language: <b>(b)(5)(B)</b>		
ALIAS / AKA / NICKNAME / MONIKER:				
Name Type:	First:	Middle:	Last:	Suffix:

Victim Of: <b>273.5 (A) - PC - SPOUSAL/COHABITANT ABUSE WITH MINOR INJURY (F) 166 (A)(4) - PC - CONTEMPT OF COURT:DISOBEY COURT ORDER (M)</b>		County Residence: <b>(b)(5)(B)</b>						
Home Address, City, State, ZIP: <b>(b)(5)(A)</b>		Res. Country: <b>(b)(5)(B)</b>	Place of Birth: <b>(b)(5)(B)</b>	Undocumented:				
Race: <b>(b)(5)(A)</b>	Sex: <b>(b)(5)(A)</b>	Date of Birth / Age: <b>(b)(5)(A)</b>	Height: <b>(b)(5)(B)</b>	Weight: <b>(b)(5)(B)</b>	Hair Color: <b>(b)(5)(B)</b>	Eye Color: <b>(b)(5)(B)</b>	Facial Hair: <b>(b)(5)(B)</b>	Complexion: <b>(b)(5)(B)</b>
Employment Status: <b>(b)(5)(B)</b>	Occupation/Grade: <b>(b)(5)(B)</b>	Employer/School: <b>(b)(5)(B)</b>	Employer Address, City, State, ZIP: <b>(b)(5)(A)</b>					
CONTACT INFORMATION:								
Type: <b>MP - Mobile Phone</b>		Number/Address: <b>(b)(5)(A)</b>						
IDENTIFICATION:								
Type: <b>DLN - Drivers License Number</b>		Number: <b>(b)(5)(A)</b>		State: <b>CA</b>		Country:		
Attire: <b>TAN SHIRT AND BLACK PANTS</b>		Injury: <b>M - Apparent Minor Injury</b>		Extent of Treatment: <b>01 - None</b>		Violent Crime Circumstances:		
LAW ENFORCEMENT OFFICER KILLED OR ASSAULTED INFORMATION		Type:		Type Activity:		Type Assignment:		
VICTIM OFFENDER RELATIONSHIPS		Offender: <b>CARMONA, JOSE</b>		Relationship: <b>SE - Victim Was Spouse</b>				

**IBR/UCR OFFENSE/S**

Offense Description: <b>273.5 (A) - PC - SPOUSAL/COHABITANT ABUSE WITH MINOR INJURY (F)</b>		Level: <b>F</b>	Against: <b>PE</b>	Completed?: <b>Yes</b>	Counts:	Using: <b>A - Alcohol D - Drugs/Narcotics</b>
Location Type: <b>13 - Highway/Road/Alley</b>		Hate/Bias: <b>88 - None (No Bias)</b>			Domestic Violence: <b>Yes</b>	
Criminal Activity:	Type Security:	Gang Related: <b>No</b>	Entry:	Point of Entry:		

Reporting Officer <b>SH0081 - WILDS, JESSICA</b>	Division / Organization <b>Ramona Substation RAMONA PATROL</b>	Reviewed By <b>SH2832 - SAMUELS III, ROBERT</b>
Report Date <b>9/27/2018 6:35:09 PM</b>	Detective Assigned <b>SH3771 - SOBCZAK, EVAN</b>	Reviewed Date <b>11/07/2018 07:33:48</b>



# San Diego County Sheriff's Department

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Weapons/Force: <b>40 - Personal Weapons (Threats, Hands, Fists, Feet, etc.)</b>		Tools:		Targets:		
Offense Description: <b>148 (A)(1) - PC - OBSTRUCT/RESIST PEACE OFCR/EMER MED TECH (M)</b>		Level: <b>M</b>	Against:	Completed? <b>Yes</b>	Counts	Using: <b>A - Alcohol D - Drugs/Narcotics</b>
Location Type: <b>201 - Apartment/Condo</b>		Hate/Bias: <b>88 - None (No Bias)</b>			Domestic Violence: <b>No</b>	
Criminal Activity:	Type Security:	Gang Related: <b>No</b>	Entry:	Point of Entry:		
Weapons/Force:		Tools:		Targets:		
Offense Description: <b>166 (A)(4) - PC - CONTEMPT OF COURT:DISOBEY COURT ORDER (M)</b>		Level: <b>M</b>	Against:	Completed? <b>Yes</b>	Counts	Using: <b>N - Not Applicable</b>
Location Type: <b>08 - Department/Discount Store</b>		Hate/Bias: <b>88 - None (No Bias)</b>			Domestic Violence: <b>No</b>	
Criminal Activity:	Type Security:	Gang Related: <b>No</b>	Entry:	Point of Entry:		
Weapons/Force:		Tools:		Targets:		
Offense Description: <b>3453 (Q) - PC - FLASH INCARCERATION</b>		Level: <b>O</b>	Against:	Completed? <b>Yes</b>	Counts	Using: <b>A - Alcohol D - Drugs/Narcotics</b>
Location Type: <b>201 - Apartment/Condo</b>		Hate/Bias: <b>88 - None (No Bias)</b>			Domestic Violence: <b>No</b>	
Criminal Activity:	Type Security:	Gang Related: <b>No</b>	Entry:	Point of Entry:		
Weapons/Force:		Tools:		Targets:		

**ARRESTEE/S****Arrestee #1**

Name: <b>CARMONA, JOSE</b>		County Residence: <b>R - Resident</b>	Interpreter Language: <b>EN - English</b>	
ALIAS / AKA / NICKNAME / MONIKER:				
Name Type:	First:	Middle:	Last:	Suffix:
Home Address, City, State, ZIP: <b>(b)(5)(A)</b>		Res. Country: <b>US</b>	Place of Birth:	Undocumented:

Reporting Officer <b>SH0081 - WILDS, JESSICA</b>	Division / Organization <b>Ramona Substation RAMONA PATROL</b>	Reviewed By <b>SH2832 - SAMUELS III, ROBERT</b>
Report Date <b>9/27/2018 6:35:09 PM</b>	Detective Assigned <b>SH3771 - SOBCZAK, EVAN</b>	Reviewed Date <b>11/07/2018 07:33:48</b>



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Race: <b>H</b>	Sex: <b>M</b>	Date of Birth / Age: <b>(b)(5)(A) - 43</b>	Height: <b>5' 5"</b>	Weight: <b>130</b>	Hair Color: <b>BRO</b>	Eye Color: <b>BRO</b>	Facial Hair: <b>03 - Full Beard and Mustache</b>	Complexion: <b>TAN - Tanned</b>
Hair Style: <b>S - Straight</b>	Hair Length: <b>S - Short</b>	Build: <b>THI - Thin</b>	Teeth:	Suspected User:				
Employment Status: <b>U - Unemployed</b>	Occupation/Grade:	Employer/School:	Employer Address, City, State, ZIP:					
CONTACT INFORMATION:								
Type:			Number/Address:					
IDENTIFICATION:								
Type: <b>DLN - Drivers License Number</b>		Number: <b>(b)(5)(A)</b>		State: <b>CA</b>		Country:		
SCARS, MARKS, TATTOOS, ODDITIES:								
Attire:			Suspect Actions:					
ARREST INFORMATION								
Arrest Type: <b>O - Probable Cause Arrest - New Case</b>		LE Disposition: <b>4 - Felony (Adult Only)</b>		JUS 750 Type: <b>2 - Booked</b>		Citation No.:		Booking No.:
Arrested For: <b>3453 (Q) - PC - FLASH INCARCERATION</b>				Level: <b>O</b>		Completed: <b>Yes</b>		Counts:
<b>273.5 (A) - PC - SPOUSAL/COHABITANT ABUSE WITH MINOR INJURY (F)</b>				<b>F</b>		<b>Yes</b>		
<b>148 (A)(1) - PC - OBSTRUCT/RESIST PEACE OFCR/EMER MED TECH (M)</b>				<b>M</b>		<b>Yes</b>		
<b>166 (A)(4) - PC - CONTEMPT OF COURT:DISOBEY COURT ORDER (M)</b>				<b>M</b>		<b>Yes</b>		
Arrested By: <b>SH0081 - WILDS, JESSICA</b>		Arrest Date and Time: <b>09/27/2018 17:15:00</b>		Arrest Location, City, State, ZIP: <b>(b)(5)(A) Montecito Rd (b)(5)(A) Ramona, CA 92065</b>			Beat: <b>430</b>	
Arrest Assisted By: <b>SH2602 - JOHNSTON, PHILIP SH1221 - GERMAIN, BRETT</b>				Transported By: <b>SH2602 - JOHNSTON, PHILIP</b>				
Miranda Read: <b>No</b>	Admonished By:		Miranda Response:		Jail Billing Code: <b>SD Sheriff's Office</b>		Booked Location: <b>San Diego Central Jail</b>	
Armed With: <b>01 - Unarmed</b>			Use of Force to effect Arrest:					
JUVENILES								
Adult Present:		Person Notified:		Juvenile Disposition:		Detention Name:		
Parents Notified By:		Notification Method:		Date and Time Notified:		Juvenile Released To:		
RELEASE INFORMATION								
Released Location:		Released On:		Released By:		Release Reason:		

**SUSPECT/S (Not Yet Arrested)****WITNESSES****Witness #1**

Person Code:	<input type="checkbox"/> Secured Premise	<input type="checkbox"/> Discovered Crime	<input type="checkbox"/> Reporting Party	<input type="checkbox"/> Law Enforcement Officer		
Witness Type Code:	<input type="checkbox"/> 01-Arresting Officer	<input type="checkbox"/> 06-Other Lay Witness	<input type="checkbox"/> 07-Narc Chemist	<input type="checkbox"/> 12-Other Expert	<input type="checkbox"/> 13-Investigator	<input type="checkbox"/> 14-Other
Name: <b>(b)(5)(B)</b>			Person Code:		County Residence: <b>(b)(5)(B)</b>	

ALIAS / AKA / NICKNAME / MONIKER:								
Name Type:	First:	Middle:	Last:	Suffix:				
Home Address, City, State, ZIP: <b>(b)(5)(A)</b>		Res. Country: <b>(b)(5)(A)</b>	Place of Birth:	Undocumented:				
Race: <b>(b)(5)(A)</b>	Sex: <b>(b)(5)(A)</b>	Date of Birth / Age: <b>(b)(5)(A)</b>	Height: <b>(b)(5)(B)</b>	Weight: <b>(b)(5)(B)</b>	Hair Color: <b>(b)(5)(B)</b>	Eye Color: <b>(b)(5)(B)</b>	Facial Hair: <b>(b)(5)(B)</b>	Complexion: <b>(b)(5)(B)</b>
Employment Status:	Occupation/Grade:	Employer/School:	Employer Address, City, State, ZIP:					

Reporting Officer <b>SH0081 - WILDS, JESSICA</b>	Division / Organization <b>Ramona Substation RAMONA PATROL</b>	Reviewed By <b>SH2832 - SAMUELS III, ROBERT</b>
Report Date <b>9/27/2018 6:35:09 PM</b>	Detective Assigned <b>SH3771 - SOBCZAK, EVAN</b>	Reviewed Date <b>11/07/2018 07:33:48</b>



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CONTACT INFORMATION:			
Type: <b>MP - Mobile Phone</b>		Number/Address: <b>(b)(5)(A)</b>	
IDENTIFICATION:			
Type:	Number:	State:	Country:
Injury: <b>N - None</b>	Extent of Treatment: <b>01 - None</b>		

## Witness #2

Person Code: <input type="checkbox"/> Secured Premise <input type="checkbox"/> Discovered Crime <input type="checkbox"/> Reporting Party <input type="checkbox"/> Law Enforcement Officer		
Witness Type Code: <input type="checkbox"/> 01-Arresting Officer <input type="checkbox"/> 06-Other Lay Witness <input type="checkbox"/> 07-Narc Chemist <input type="checkbox"/> 12-Other Expert <input type="checkbox"/> 13-Investigator <input type="checkbox"/> 14-Other		
Name: <b>(b)(5)(B)</b>	Person Code:	County Residence: <b>(b)(5)(B)</b>

ALIAS / AKA / NICKNAME / MONIKER:									
Name Type:		First:		Middle:		Last:		Suffix:	
Home Address, City, State, ZIP: <b>(b)(5)(A)</b>				Res. Country: <b>(b)(5)(B)</b>		Place of Birth:		Undocumented:	
Race: <b>(b)(5)(A)</b>	Sex: <b>(b)(5)(B)</b>	Date of Birth / Age: <b>(b)(5)(A)</b>	Height: <b>(b)(5)(B)</b>	Weight: <b>(b)(5)(B)</b>	Hair Color: <b>(b)(5)(B)</b>	Eye Color: <b>(b)(5)(B)</b>	Facial Hair: <b>(b)(5)(B)</b>	Complexion: <b>(b)(5)(B)</b>	
Employment Status: <b>(b)(5)(B)</b>		Occupation/Grade: <b>(b)(5)(B)</b>		Employer/School: <b>(b)(5)(B)</b>		Employer Address, City, State, ZIP: <b>(b)(5)(B)</b>			

CONTACT INFORMATION:			
Type: <b>WP - Work Phone</b>		Number/Address: <b>(b)(5)(A)</b>	
IDENTIFICATION:			
Type:	Number:	State:	Country:
Injury: <b>N - None</b>	Extent of Treatment: <b>01 - None</b>		

## Witness #3

Person Code: <input type="checkbox"/> Secured Premise <input type="checkbox"/> Discovered Crime <input type="checkbox"/> Reporting Party <input type="checkbox"/> Law Enforcement Officer		
Witness Type Code: <input type="checkbox"/> 01-Arresting Officer <input type="checkbox"/> 06-Other Lay Witness <input type="checkbox"/> 07-Narc Chemist <input type="checkbox"/> 12-Other Expert <input type="checkbox"/> 13-Investigator <input type="checkbox"/> 14-Other		
Name: <b>(b)(5)(B)</b>	Person Code:	County Residence: <b>(b)(5)(B)</b>

ALIAS / AKA / NICKNAME / MONIKER:									
Name Type:		First:		Middle:		Last:		Suffix:	
Home Address, City, State, ZIP: <b>(b)(5)(A)</b>				Res. Country: <b>(b)(5)(B)</b>		Place of Birth:		Undocumented:	
Race: <b>(b)(5)(A)</b>	Sex: <b>(b)(5)(B)</b>	Date of Birth / Age: <b>(b)(5)(A)</b>	Height: <b>(b)(5)(B)</b>	Weight: <b>(b)(5)(B)</b>	Hair Color: <b>(b)(5)(B)</b>	Eye Color: <b>(b)(5)(B)</b>	Facial Hair: <b>(b)(5)(B)</b>	Complexion: <b>(b)(5)(B)</b>	
Employment Status:		Occupation/Grade:		Employer/School:		Employer Address, City, State, ZIP:			

CONTACT INFORMATION:			
Type: <b>MP - Mobile Phone</b>		Number/Address: <b>(b)(5)(A)</b>	
IDENTIFICATION:			
Type:	Number:	State:	Country:
Injury: <b>N - None</b>	Extent of Treatment: <b>01 - None</b>		

## Witness #4

Person Code: <input type="checkbox"/> Secured Premise <input type="checkbox"/> Discovered Crime <input type="checkbox"/> Reporting Party <input type="checkbox"/> Law Enforcement Officer		
Witness Type Code: <input type="checkbox"/> 01-Arresting Officer <input type="checkbox"/> 06-Other Lay Witness <input type="checkbox"/> 07-Narc Chemist <input type="checkbox"/> 12-Other Expert <input type="checkbox"/> 13-Investigator <input type="checkbox"/> 14-Other		
Name: <b>(b)(5)(B)</b>	Person Code:	County Residence: <b>(b)(5)(B)</b>

Reporting Officer <b>SH0081 - WILDS, JESSICA</b>	Division / Organization <b>Ramona Substation RAMONA PATROL</b>	Reviewed By <b>SH2832 - SAMUELS III, ROBERT</b>
Report Date <b>9/27/2018 6:35:09 PM</b>	Detective Assigned <b>SH3771 - SOBCZAK, EVAN</b>	Reviewed Date <b>11/07/2018 07:33:48</b>



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ALIAS / AKA / NICKNAME / MONIKER:										
Name Type:		First:		Middle:		Last:		Suffix:		
Home Address, City, State, ZIP:					Res. Country:		Place of Birth:		Undocumented:	
(b)(5)(A)					(b)(5)(B)					
Race:	Sex:	Date of Birth / Age:		Height:	Weight:	Hair Color:	Eye Color:	Facial Hair:		Complexion:
(b)	(b)	(b)(5)								
Employment Status:		Occupation/Grade:		Employer/School:			Employer Address, City, State, ZIP:			
CONTACT INFORMATION:										
Type:					Number/Address:					
IDENTIFICATION:										
Type:		Number:			State:			Country:		
Injury:					Extent of Treatment:					
<b>N - None</b>					<b>01 - None</b>					

**OTHER ENTITIES****PROPERTY****Property Item #1.000 - BODY WORN CAMERA VIDEO**

Derivative No.: <b>0</b>		Property Category: <b>1306 - Body Camera Video</b>			
Status: <b>I - Information Only</b>		Count: <b>8</b>		Value:	
Manufacturer:		Model:			
Serial No.:		Model Year:		OAN:	
Color:		Caliber:			
Body Style:		Recovered/ Seized Date:			
Owner:		Disposition:			
Evidence Tag:		Alert(s):			
Drug Type:		Drug Quantity:			
Search Warrant:					
Notes: <b>WILDS (3) GERMAIN (2) JOHNSTON (2) BUCKLEY (1)</b>					

**Property Item #2.000 - COMPACT DISC OF PHOTOGRAPHS**

Derivative No.: <b>0</b>		Property Category: <b>1311 - Recording - Interview or Case related - Video/Photo CD, DVD, Tape, Film, Digital storage, Negative</b>			
Status: <b>ES - Evidence (Seized)</b>		Count: <b>1</b>		Value:	
Manufacturer:		Model:			
Serial No.:		Model Year:		OAN:	
Color:		Caliber:			
Body Style:		Recovered/ Seized Date: <b>09/27/2018</b>			
Owner:		Disposition:			
Evidence Tag:		Alert(s):			
Drug Type:		Drug Quantity:			
Search Warrant:					
Notes:					

**REPORT NARRATIVE****SYNOPSIS**

Jose Carmona violated several conditions of his probation. As a result, Jose's probation officer issued a violation of 3453(q) PC.

Reporting Officer <b>SH0081 - WILDS, JESSICA</b>		Division / Organization <b>Ramona Substation RAMONA PATROL</b>		Reviewed By <b>SH2832 - SAMUELS III, ROBERT</b>	
Report Date <b>9/27/2018 6:35:09 PM</b>		Detective Assigned <b>SH3771 - SOBCZAK, EVAN</b>		Reviewed Date <b>11/07/2018 07:33:48</b>	



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Case No. **18150386**

CAD Event No.: **E5260303**

Case Disposition: **Arrest**

Primary Victim: **(b)(5)(B)**

Report No. **18150386.1**

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Jose was the restrained party in a Criminal Protective Order listing his wife **(b)(5)(B)** as the protected party, **(b)(5)(A)**. During the investigation **(b)(5)(B)** disclosed that Jose had physically assaulted her on 9/27/2018. **(b)(5)(B)** sustained a visible bruise during the incident. Jose was in violation of 273.5 PC- Domestic Violence with minor injury and 166(A)(4) PC- Disobey a Court Order.

Jose was uncooperative and resisted arrest. A use of force ensued and Jose was injured as a result. Jose was in violation of 148 (A)(1) PC- Resist Arrest by a peace officer.

Jose was arrested and charged with 3453PC- Flash Incarceration, 1669(A)(4)- Contempt of Court: Disobey Court Order, 273.5PC- Domestic Violence with Minor Injury, and 148(A)(1)PC- Obstruct/Resist Peace Officer. He was transported and booked into custody at the San Diego Central Jail.

Body Worn Camera Video is available.

## ORIGIN

On 9/27/2018, at approximately 1545 hours, I was dispatched to investigate a family disturbance with the reporting party standing by at the Ramona Substation. (CAD#E5260303).

## BACKGROUND

**(b)(5)(B)** and Jose had been married for approximately thirty years. They have four children together.

**(b)(5)(C)**. According to **(b)(5)(B)** there have been several unreported incidents of domestic violence from the past.

## INVESTIGATION

I arrived at the Ramona Substation and contacted **(b)(5)(B)**, **(b)(5)(B)**, and **(b)(5)(B)**. All informed me they arrived at the substation to report ongoing incidents regarding Jose Carmona. **(b)(5)(B)** told me she was married to Jose and one of their daughters was **(b)(5)(B)**. **(b)(5)(B)** and **(b)(5)(B)** were Jose's sisters. **(b)(5)(B)** told me Jose had made suicidal comments earlier in the day via text message. I obtained statements from **(b)(5)(B)** and **(b)(5)(B)**.

## STATEMENTS

Statement of **(b)(5)(B)**

**(b)(5)(B)** told me she had been married to Jose for approximately thirty years and they have four children together. Jose has a long history of drug and alcohol abuse and was recently released from prison. **(b)(5)(B)** said she had a restraining order against Jose and he had been staying at her apartment, located at

Reporting Officer <b>SH0081 - WILDS, JESSICA</b>	Division / Organization <b>Ramona Substation RAMONA PATROL</b>	Reviewed By <b>SH2832 - SAMUELS III, ROBERT</b>
Report Date <b>9/27/2018 6:35:09 PM</b>	Detective Assigned <b>SH3771 - SOBCZAK, EVAN</b>	Reviewed Date <b>11/07/2018 07:33:48</b>



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CAD Event No.: **E5260303**

Case Disposition: **Arrest**

Primary Victim: **(b)(5)(B)**

Report No. **18150386.1**

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(b)(5)(A) Montecito Road (b)(5)(A) in Ramona, for the past week. Earlier in the morning, Jose became belligerent and accused (b)(5)(B) of cheating on him. Jose was acting very paranoid and was trying to start an altercation between (b)(5)(B) son and herself. (b)(5)(B) called Jose's sister, (b)(5)(B), and asked for a ride to work. (b)(5)(B) arrived and took (b)(5)(B) to work.

(b)(5)(B) advised that at some point Jose became angry and punched a hole in the wall on her apartment. (b)(5)(B) felt as if Jose was harassing her and constantly believing that she was cheating on him. (b)(5)(B) requested assistance in having Jose removed from her home.

(b)(5)(B) warned me that Jose does not like law enforcement and he will not cooperate. Jose also displayed signs of being under the influence of both alcohol and drugs. (b)(5)(B) was not sure which drugs Jose had consumed.

Statement of (b)(5)(B) -

(b)(5)(B) showed and translated several text messages for me that were from Jose. Jose did not make any specific threats of suicide but mentioned that no one wanted him anymore. In Jose's text messages his thoughts appeared very scattered and not making sense. (b)(5)(B) showed me pictures of what Jose looked like.

(b)(5)(B) told me that Jose had assaulted (b)(5)(B) in the past and had very recently struck her. When (b)(5)(B) arrived to give (b)(5)(B) a ride to work she said Jose was harassing (b)(5)(B) and accusing her of cheating on him. Jose was acting very paranoid and as if he was under the influence of alcohol and drugs.

## INVESTIGATION (Continued):

I returned back into the station building and asked (b)(5)(B) to tell me about the incident where Jose had struck her. (b)(5)(B) told me that around 1800 hours on 9/27/2018, Jose continued to accuse her of cheating and drove to her workplace in Poway. While on the way home, somewhere in Poway, she was driving when Jose continued to argue with her. Jose was sitting in the passenger seat. (b)(5)(B) told Jose to stop and he retaliated by punching her on the right upper arm. (b)(5)(B) simulated the motion by bringing up her right arm and swinging across her body in a punching motion. (b)(5)(B) showed me two small bruises on her right upper arm. (b)(5)(B) advised the bruise on top was from Jose and the bruise on the bottom was from moving boxes at work. While (b)(5)(B) told me about this incident, (b)(5)(B) said she was present in the vehicle and witnessed the assault. (b)(5)(B) said her and her 4 year old son were in the backseat of the vehicle and witnessed Jose punch (b)(5)(B) in the arm. (b)(5)(B) said she came to the Ramona Substation to support her mother in reporting incidents against Jose. I took photographs of (b)(5)(B) and her injury.

(b)(5)(B) told me she had contact information for Jose's probation officer. She also told me Jose was recently no longer required to conduct breathalyzer tests. Once Jose's breathalyzer was taken away he began drinking alcohol again. I called Jose's probation officer, Officer Florio. Officer Florio informed me

Reporting Officer <b>SH0081 - WILDS, JESSICA</b>	Division / Organization <b>Ramona Substation RAMONA PATROL</b>	Reviewed By <b>SH2832 - SAMUELS III, ROBERT</b>
Report Date <b>9/27/2018 6:35:09 PM</b>	Detective Assigned <b>SH3771 - SOBCZAK, EVAN</b>	Reviewed Date <b>11/07/2018 07:33:48</b>





# San Diego County Sheriff's Department Arrest/Juvenile Contact Report

Case No. **18150386**

CAD Event No.: **E5260303**

Case Disposition: **Arrest**

Primary Victim: **(b)(5)(B)**

Report No. **18150386.1**

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that based on the information provided that Jose will be placed on a ten day flash for several violations of his probation. Officer Florio emailed me the appropriate paperwork to place Jose on a hold. (b)(5)(B) agreed to stay away from the apartment until I told them it was safe to return. (b)(5)(B) warned me again that Jose would be uncooperative but that he was inside of the apartment alone. I located a Criminal Protective Order listing Jose as the restrained party and (b)(5)(B) as the protected party, SCE363870. Part of the conditions of the protective order state, "must not harass, strike, threaten assault," and, "must take no action to obtain the address or location of protected persons, family members, caretakers, or guardians without good cause." I determined Jose was in violation of the protective order.

Deputy Germain, Johnston, and I arrived at (b)(5)(A) Montecito Road (b)(5)(A). Deputy Germain knocked on the door and announced ourselves as, "Sheriff's Department." A male whom I recognized as Jose answered the door. Jose was cooperative and detained into handcuffs. Jose displayed signs of being under the influence of alcohol and drugs. I could smell the odor of alcohol emanating from Jose's person. Jose spoke very quickly, his eyes were glossy, and had a, "thousand yard stare." Deputy Germain and I began to escort Jose to my patrol vehicle. As we approached Deputy Germain's patrol vehicle, Jose dropped all of his weight and collapsed onto his knees and chest. Jose began shouting statements such as, "Fuck you mother fucker," and demanded to know who called law enforcement. Jose refused to stand up on his own. Deputy Germain and Johnston lifted up Jose by his shoulders and attempted to secure him in the vehicle. Jose continued to be uncooperative and bent his knees so his legs would remain off the ground. Deputy Germain and Johnston were unable to safely secure Jose into the patrol vehicle. I walked to the passenger side of the vehicle and secured Jose's shoulders while Deputy Germain and Johnston conducted a search of Jose's person. No illegal contraband was located on his person. Once the search was complete, Deputy Germain attempted to lift Jose's legs while I pulled him by his shoulders further into the vehicle. Jose became combative and kicked Deputy Germain. Deputy Germain struck Jose in the face and I was able to safely pull Jose further into the vehicle so he could be secured (See Use of Force Report for by Deputy Germain). Deputy Germain was uninjured.

I requested that medics evaluate Jose for a possible injury to his face at the Ramona Substation. Jose continued to be belligerent and kick his legs at the patrol vehicle windows. Jose began to spit saliva and blood around the backseat of the patrol vehicle. To prevent Jose's saliva from making contact with any medics or deputies, Deputy Germain placed a spit sock over Jose's head. This was effective in preventing Jose from continuing to spit.

Due to Jose's continued assaultive behavior, it was decided to maximally restrain him utilizing, "THE WRAP." Jose continued to act belligerent and yell incoherent statements. Deputies lifted Jose from the backseat of the vehicle and placed him into the prone position on the ground. I maintained slight downward pressure utilizing both of my hands on Jose's head to prevent him from shifting his body weight around and potentially kicking another deputy. This was effective in preventing Jose from shifting his body. I assisted in securing the straps of the restraints to ensure Jose could not assault my partners, myself, or medics. Sergeant Sheppard supervised the placement of, "The Wrap." Sergeant Buckley and Deputies Johnston, Germain, and myself applied, "The Wrap," (See Sergeant Buckley and Deputy

Reporting Officer <b>SH0081 - WILDS, JESSICA</b>	Division / Organization <b>Ramona Substation RAMONA PATROL</b>	Reviewed By <b>SH2832 - SAMUELS III, ROBERT</b>
Report Date <b>9/27/2018 6:35:09 PM</b>	Detective Assigned <b>SH3771 - SOBCZAK, EVAN</b>	Reviewed Date <b>11/07/2018 07:33:48</b>





# San Diego County Sheriff's Department Arrest/Juvenile Contact Report

Case No. **18150386**

CAD Event No.: **E5260303**

Case Disposition: **Arrest**

Primary Victim: (b)(5)(B)

Report No. **18150386.1**

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Johnston Use of Force Reports). Medics were able to safely obtain Jose's vitals. After evaluating Jose, medics requested to transport Jose to Pomerado Hospital in Poway for further evaluation of his face. Deputy Johnston rode with medics and Jose in Medic Rig #80. Deputy Stemper later arrived at Pomerado Hospital and assisted Deputy Johnston. Deputy Stemper took photographs of Jose. Deputy Johnston was informed by medical staff that Jose sustained a broken nose and fracture to his left orbital. Jose was cleared from the hospital and transported to San Diego Central Jail (SDCJ) by Deputies Johnston and Stemper. Upon arriving at SDCJ, jail deputies took custody of Jose and completed the booking process. Jose was taken out of restraints by jail staff.

Due to (b)(5)(B) child being present for the domestic violence incident and possible safety risk of (b)(5)(B) young children, a Child Protective Services (CPS) emergency referral was completed. I submitted the report to CPS worker (b)(5)(B)

This concluded my investigation.

## INJURIES

Jose had a broken nose and small fracture to his left orbital.

## PROPERTY DAMAGE

None

## EVIDENCE

See itemized evidence list included in the face sheets of this report.

## FOLLOW UP

None.

## RELATED REPORTS

None.

Reporting Officer <b>SH0081 - WILDS, JESSICA</b>	Division / Organization <b>Ramona Substation RAMONA PATROL</b>	Reviewed By <b>SH2832 - SAMUELS III, ROBERT</b>
Report Date <b>9/27/2018 6:35:09 PM</b>	Detective Assigned <b>SH3771 - SOBCZAK, EVAN</b>	Reviewed Date <b>11/07/2018 07:33:48</b>



# San Diego County Sheriff's Department

## Use of Force Supplemental

UFO DATE AND TIME 9/27/2018 17:13	EVENT NUMBER E5260303	CASE NUMBER 18150386	DOCUMENT NUMBER 80356	STATION/FACILITY RAM - Ramona Substation
INCIDENT DESCRIPTION / OFFENSES AR-3453PC/273.6PC/273.5PC-CARMONA, JOSE				
SUBJECT'S NAME (LAST, FIRST, MI) CARMONA, JOSE		DATE OF BIRTH (b)(5)(A)	ARRESTED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	SUPERVISOR PRESENT <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
DATE/TIME SUPERVISOR NOTIFIED 09/27/2018 17:20				
<b>REASON(S) FOR USING FORCE:</b> <input type="checkbox"/> Necessary to effect an arrest <input checked="" type="checkbox"/> Necessary to prevent a violent forcible felony <input type="checkbox"/> Delaying Jail Operations <input checked="" type="checkbox"/> Necessary to defend self or another <input checked="" type="checkbox"/> Necessary to restrain for subject's safety <input checked="" type="checkbox"/> Necessary to prevent escape/evasion <input type="checkbox"/> Necessary during high-risk incident <input type="checkbox"/> Necessary to effect a lawful detention <input type="checkbox"/> Necessary during riot				
SUBJECT APPEARED TO BE <input checked="" type="checkbox"/> Under the influence of alcohol and/or drugs <input type="checkbox"/> Mentally impaired		NUMBER OF OFFICERS ON SCENE 5		NUMBER OF OFFICERS USING FORCE 1
<b>LEVEL(S) OF RESISTANCE ENCOUNTERED</b> <input type="checkbox"/> NONE (subject cooperated/complied) <input type="checkbox"/> PSYCHOLOGICAL INTIMIDATION (non-verbal cues indicating subject's attitude or physical readiness to resist) <input checked="" type="checkbox"/> VERBAL NON-COMPLIANCE (subject's expressed unwillingness to comply with the officer's commands) <input type="checkbox"/> PASSIVE RESISTANCE (represents by a refusal to respond to verbal commands but also offers no form of physical resistance) <input checked="" type="checkbox"/> ACTIVE RESISTANCE (pushing, pulling or running away from the officer to avoid control; not attempting to harm the officer) <input checked="" type="checkbox"/> ASSAULTIVE BEHAVIOR (physical actions of assault) <input checked="" type="checkbox"/> AGGRAVATED ACTIVE AGGRESSION (potential injury or death)				
<b>LAW ENFORCEMENT TOOL/TECHNIQUE USED TO GAIN COMPLIANCE OR OVERCOME RESISTANCE (CHECK ALL THAT APPLY)</b>				
<input type="checkbox"/> <b>Verbal Commands:</b> <input checked="" type="checkbox"/> <b>Empty Hand Control</b> <input checked="" type="checkbox"/> Grab, Push, Pull, or Body Weight <input type="checkbox"/> Control Hold (Duration: ) <input type="checkbox"/> Pressure Point (Duration: ) (# of Contacts: ) <input type="checkbox"/> Strike (Body part used: ) (# of Contacts: ) <input type="checkbox"/> Takedown Type: _____ <input type="checkbox"/> Carotid (Rendered Unconscious? <input type="checkbox"/> Yes <input type="checkbox"/> No) (Duration: ) <input checked="" type="checkbox"/> <b>Tool/Device/Weapon</b> <input type="checkbox"/> OC Agent (Duration: ) (# of Contacts: ) <input type="checkbox"/> Decontaminated <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cord Cuff Restraint Device (Duration: ) <input type="checkbox"/> Impact Weapon (# of Contacts: ) Type: _____ <input type="checkbox"/> Canine (Duration: ) (# of Contacts: ) <input type="checkbox"/> Vehicle/Forcible Stop <input type="checkbox"/> Weapon Pointed at Subject (Duration: ) Type: _____ <input type="checkbox"/> Spit Sock (Duration: ) <input type="checkbox"/> Pro-Strait Chair <input type="checkbox"/> Tactical Shield <input type="checkbox"/> WRAP <input type="checkbox"/> <b>Less-Lethal Weapon System</b> <input type="checkbox"/> PepperBall - OC Powder <input type="checkbox"/> PepperBall - Water <input type="checkbox"/> 37 mm Rifle - Standard <input type="checkbox"/> 37 mm Rifle - Low Energy <input type="checkbox"/> 40 mm Rifle - Bean Bag <input type="checkbox"/> 40 mm Rifle - Sponge <input type="checkbox"/> Taser - Probes <input type="checkbox"/> Taser - Drive Stuns <input type="checkbox"/> Stingball Grenade <input type="checkbox"/> Sound/Light device <input type="checkbox"/> 12-Gauge Super Sock <input type="checkbox"/> Ultron/NOVA Shield <input type="checkbox"/> REACT Belt <input type="checkbox"/> <b>Firearm</b> <input type="checkbox"/> Type: _____ <input checked="" type="checkbox"/> <b>Other:</b> The Wrap				
WAS INITIAL USE OF FORCE EFFECTIVE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
WAS ADDITIONAL CONTROL OR FORCE NEEDED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
SUBJECT INJURED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		EXTENT OF TREATMENT <input type="checkbox"/> None <input checked="" type="checkbox"/> Treated at hospital <input type="checkbox"/> Treated at scene <input type="checkbox"/> Hospitalized <input type="checkbox"/> Refused treatment		
OFFICER(S) INJURED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		EXTENT OF TREATMENT <input checked="" type="checkbox"/> None <input type="checkbox"/> Treated at hospital <input type="checkbox"/> Treated at scene <input type="checkbox"/> Hospitalized <input type="checkbox"/> Refused treatment		
SUBJECT INJURY DESCRIPTION		OFFICER INJURY DESCRIPTION		
OTHER FORCE USED/COMMENTS/EQUIPMENT PERFORMANCE:				
SERGEANT		ARJIS	DATE	
LIEUTENANT		ARJIS	DATE	
CAPTAIN		ARJIS	DATE	
 MARK FIGURE TO INDICATE CONTACT POINT(S)				



# San Diego County Sheriff's Department

## Use of Force Supplemental

### Use of Force Supplemental Instructions

**Lines 1 & 3:** Fill in the blanks.

**Line 2:** If the suspect was committing a crime and force was used to stop or apprehend the subject, document the appropriate penal code. If the UOF occurred in the performance of the officer's duties, document the incident description, i.e. officer transport, officer escort, making arrest, detaining suspect, cell extraction etc.

**Primary Reason for Using Force:** Check appropriate box(s).

**Subject Appeared To Be:** Check if applicable.

**Number of Officers on Scene:** List number of officers present.

**Number of Officers Using Force:** List number of officers that used force.

**Level(s) of Resistance Encountered:** Check appropriate box(s).

**L.E. Tool/Technique Used:** Check appropriate box(s). If known and/or applicable, include duration (approximate length of time) tool/technique was used. If known and/or applicable, include the number of contacts (approximate number of strikes, impacts, etc.) when requested on form.

**Was Initial Use of Force Effective?** If initial force used was effective, check "Yes." If initial force used was ineffective and additional force was necessary, check "No."

**Was Additional Control or Force Needed:** If initial force used was ineffective and additional force was necessary, check "Yes." If initial force used was effective, check "No."

**Target Distance:** If applicable (refers primarily to less lethal weapon systems), approximate distance or provide range (i.e. 7-15 feet, 15-20 yards, etc.) from subject during application of force.

**Subject Injured:** Check "Yes" if medically treated for injury sustained as a possible result of force applied by a officer(s) – does not include previous injuries suffered prior to officer contact. Check "No" if subject was not injured or simply complains of injury/pain suffered as a result of force applied by an officer(s) and refuses medical attention. Any complaints of pain shall be documented in the use of force report narrative (whenever any physical force used by a officer results in a complaint of injury or an injury that necessitates medical treatment of a subject, a supervisor will be notified immediately).

**Extent of Treatment:** Check appropriate box. Check none if subject was evaluated and no treatment was required. Specifically, check "Treated at Scene" if subject was treated at scene by EMS for injuries that may have resulted due to force applied by officer(s). Check "Treated at Hospital" if subject was transported to hospital for treatment of injuries that may have been sustained as an apparent result of force applied by officer(s). Check "Hospitalized" if subject was admitted to the Hospital as a result of injuries that were sustained as a result of force applied by officer(s).

**Officer Injured:** Check appropriate box (see above).

**Extent of Treatment:** Check appropriate box. Check none if officer was evaluated and no treatment was required. Specifically, check "Treated at Scene" if officer was treated at scene by EMS for injuries. Check "Treated at Hospital" if officer was transported to hospital for treatment of injuries. Check "Hospitalized" if officer was admitted to the Hospital as a result of injuries.

**Other Force Used/Comments/Equipment Performance:** This section can be used to document other force options not listed on the form; relevant comments about the incident such as complaints of pain/injury (room permitting) and negative/positive comments regarding equipment performance.

**Mark Figure to Indicate Contact Points:** When applicable, mark the areas on the figure where applied force contacted the subject's body.

**Sergeant:** Sign, list ARJIS number and date reviewed.

**Lieutenant:** Sign, list ARJIS number and date reviewed.

**Captain:** Sign, list ARJIS number and date reviewed.



# San Diego County Sheriff's Department Officer Report

CAD Event No. **E5260303**Case No. **18150386**Report No. **80356****1**

Page 1 of 1

**GENERAL CASE INFORMATION**

Special Studies:		Related Cases:	
Location, City, State, ZIP: <b>(b)(5)(A) Montecito Road, Ramona, CA 92065</b>		Occurred On: <b>9/27/2018 5:13:00 PM (Thursday)</b>	
Jurisdiction: <b>Ramona - RAMONA</b>	Beat: <b>430</b>	Call Source:	(and Between):

**INDIVIDUAL/S**

Name: <b>CARMONA, JOSE</b>				Person Code:		Interpreter Language: <b>EN - English</b>	
ALIAS / AKA / NICKNAME / MONIKER:							
Home Address, City, State, ZIP: <b>(b)(5)(A)</b>				Res. Country: <b>US - UNITED STATES</b>		County Residence: <b>R Resident</b>	
Undocumented:							
Race: <b>H</b>	Sex: <b>M</b>	Date of Birth / Age: <b>(b)(5)(A) - 43</b>	Height: <b>5' 5"</b>	Weight: <b>130 lbs</b>	Hair Color: <b>BRO</b>	Eye Color: <b>BRO</b>	Facial Hair: <b>03 - Full Beard and Mustache</b>
Complexion: <b>TAN - Tanned</b>							
Employment Status: <b>U - Unemployed</b>		Occupation/Grade:		Employer/School:		Employer Address, City, State, ZIP:	
CONTACT INFORMATION							
IDENTIFICATION:							
Type: <b>DLN - Drivers License Number</b>		Number: <b>(b)(5)(A)</b>		State: <b>CA - California</b>		Country:	
Attire:		Injury: <b>Yes</b>		Extent Of Treatment: <b>3 - Treated at Hospital</b>		Violent Crime Circumstances:	
Subject Injury Description:							
Officer Injury Description:							

**REPORT NARRATIVE**

See Case Report for details.

Reporting Officer <b>SH0081 - WILDS, JESSICA</b>	Division / Organization <b>RAM_PAT / RAM - Ramona Substation</b>	Reviewed By <b>SH4678 - BUCKLEY, JOHN</b>
Report Date <b>9/27/2018 7:31:38 PM</b>	Detective Assigned <b>SH3771 - SOBCZAK, EVAN</b>	Reviewed Date <b>11/7/2018 7:27:04 AM</b>



# San Diego County Sheriff's Department Officer Report

CAD Event No. **E5260303**Case No. **18150386**Report No. **80380****1**

Page 1 of 1

**GENERAL CASE INFORMATION**

Special Studies:		Related Cases:	
Location, City, State, ZIP: <b>(b)(5)(A) Montecito Rd, Ramona, CA 92065</b>		Occurred On: <b>9/27/2018 5:13:00 PM (Thursday)</b>	
Jurisdiction: <b>Ramona - RAMONA</b>	Beat: <b>430</b>	Call Source:	(and Between):

**INDIVIDUAL/S**

Name: <b>CARMONA, JOSE</b>				Person Code:		Interpreter Language:	
ALIAS / AKA / NICKNAME / MONIKER:							
Home Address, City, State, ZIP: <b>(b)(5)(A)</b>				Res. Country: <b>US - UNITED STATES</b>		County Residence: <b>R Resident</b>	
Race: <b>H</b>		Sex: <b>M</b>		Date of Birth / Age: <b>(b)(5)(A) - 43</b>		Height: <b>5' 5"</b>	
Weight: <b>130 lbs</b>		Hair Color: <b>BRO</b>		Eye Color: <b>BRO</b>		Facial Hair: <b>03 - Full Beard and Mustache</b>	
Complexion: <b>TAN - Tanned</b>		Employment Status: <b>U - Unemployed</b>		Occupation/Grade:		Employer/School:	
Employer Address, City, State, ZIP:		CONTACT INFORMATION					
IDENTIFICATION:							
Type: <b>DLN - Drivers License Number</b>		Number: <b>(b)(5)(A)</b>		State: <b>CA - California</b>		Country:	
Attire:		Injury: <b>Yes</b>		Extent Of Treatment: <b>3 - Treated at Hospital</b>		Violent Crime Circumstances:	
Subject Injury Description:							
Officer Injury Description:							

**REPORT NARRATIVE****ORIGIN:**

On 9-27-18, at 1708 hours, Deputy Wilds, Deputy Germain and I went to **(b)(5)(A)** Montecito Road **(b)(5)(A)** to contact Jose Carmona **(b)(5)(A)** Carmona was the suspect in a Temporary Restraining Order violation and domestic violence incident.  
CAD#E5260303

**DEPUTIES OBSERVATIONS AND ACTIONS:**

On 09-27-18 at about 1708 hours, Deputy Wilds, Deputy Germain and I attempted to contact a Jose Carmona for a restraining order violation, Probation violation, and a domestic violence incident. After contacting and detaining Carmona, we placed him inside a patrol vehicle. While on his way to the Ramona Sheriff's Station, Carmona began banging his head and kicking the inside of the vehicle. Due to the subject being able to kick at the inside of the doors and bang his head in frustration, we decided to restrain him using "The Wrap". Deputy Germain and I pulled Carmona from the vehicle and placed him on the ground.

During the application of "The Wrap", I placed my hands on his chest and used my body weight to hold him on the ground. I told Carmona to "Not move" and "Roll over" during the application of "The Wrap". I then held his legs in place and tightened the belts of "The wrap" around them. I then assisted in placing the vest portion of "The Wrap" over Carmona's torso and then tightened the side belt as Deputies secured the vest to the bottom portion. Carmona was then transported to Pomerado Hospital-Poway where he was treated for a possible broken nose. Body worn camera video is available for this incident. Deputy Stemper and I then placed him into the back of a patrol vehicle and drove him to SDCJ without any further incident. Had I not assisted with applying "The Wrap" on Carmona, he may have continued with injuring himself further during transport to the hospital and the jail.

Reporting Officer <b>SH2602 - JOHNSTON, PHILIP</b>	Division / Organization <b>RAM_PAT / RAM - Ramona Substation</b>	Reviewed By <b>SH4678 - BUCKLEY, JOHN</b>
Report Date <b>9/28/2018 10:25:48 AM</b>	Detective Assigned <b>SH3771 - SOBCZAK, EVAN</b>	Reviewed Date <b>11/7/2018 7:27:54 AM</b>



# San Diego County Sheriff's Department Officer Report

CAD Event No. **E5260303**Case No. **18150386**Report No. **81091****1**  
Page 1 of 1**GENERAL CASE INFORMATION**

Special Studies:		Related Cases:	
Location, City, State, ZIP: <b>(b)(5)(A) Montecito Rd (b)(5)(A) Ramona, CA 92065</b>		Occurred On: <b>9/27/2018 5:08:00 PM (Thursday)</b>	
Jurisdiction: <b>Ramona - RAMONA</b>	Beat: <b>430</b>	Call Source:	(and Between):

**INDIVIDUAL/S**

Name: <b>CARMONA, JOSE</b>				Person Code:		Interpreter Language: <b>EN - English</b>	
ALIAS / AKA / NICKNAME / MONIKER:							
Home Address, City, State, ZIP: <b>(b)(5)(A)</b>				Res. Country: <b>US - UNITED STATES</b>		County Residence: <b>R Resident</b>	
Race: <b>H</b>		Sex: <b>M</b>		Date of Birth / Age: <b>(b)(5)(A) - 43</b>		Height: <b>5' 5"</b>	
Weight: <b>130 lbs</b>		Hair Color: <b>BRO</b>		Eye Color: <b>BRO</b>		Facial Hair: <b>03 - Full Beard and Mustache</b>	
Complexion: <b>TAN - Tanned</b>							
Employment Status: <b>U - Unemployed</b>		Occupation/Grade:		Employer/School:		Employer Address, City, State, ZIP:	
CONTACT INFORMATION							
IDENTIFICATION:							
Type: <b>DLN - Drivers License Number</b>		Number: <b>(b)(5)(A)</b>		State: <b>CA - California</b>		Country:	
Attire:		Injury:		Extent Of Treatment:		Violent Crime Circumstances:	
Subject Injury Description:							
Officer Injury Description:							

**REPORT NARRATIVE****ORIGIN:**

On 9-27-18, at 1708 hours, Deputy Wilds, Deputy Germain and I went to **(b)(5)(A)** Montecito Road **(b)(5)(A)** to contact Jose Carmona 7-26-75. Carmona was the suspect in a Temporary Restraining Order violation and domestic violence incident.  
CAD#E5260303

**DEPUTIES OBSERVATIONS AND ACTIONS:**

On 10-19-18 at about 1508 hours, I was contacted by Sgt. Samuels about adding more content to my report.

While attempting to place Carmona in one of our vehicles, he fell to the ground and refused to get up. I assisted with lifting him up and attempting to place him into Deputy Germain's vehicle. Carmona was yelling "Fuck you bitch" and "Fuck you homie" as we tried to put him in the vehicle. Carmona then began to kick Deputy Germain in his legs and groin area. Carmona continued to curse at us and refuse to be put inside the vehicle. I heard Deputy Germain tell him to stop kicking him but he did not stop and said "Fuck you". I then observed Deputy Germain strike Carmona one time in his face. Carmona stopped kicking and we were able to close the doors without any further incident. Carmona was then transported to the Ramona Station. (See narrative from use of force report for further)

Reporting Officer <b>SH2602 - JOHNSTON, PHILIP</b>	Division / Organization <b>RAM_PAT / RAM - Ramona Substation</b>	Reviewed By <b>SH2832 - SAMUELS III, ROBERT</b>
Report Date <b>10/19/2018 3:26:55 PM</b>	Detective Assigned <b>SH3771 - SOBCZAK, EVAN</b>	Reviewed Date <b>11/6/2018 9:54:28 AM</b>





# San Diego County Sheriff's Department

## Use of Force Supplemental

UFO DATE AND TIME 9/27/2018 17:13	EVENT NUMBER E5260303	CASE NUMBER 18150386	DOCUMENT NUMBER 80380	STATION/FACILITY RAM - Ramona Substation
INCIDENT DESCRIPTION / OFFENSES AR-3453PC/273.6PC/273.5PC-CARMONA, JOSE				
SUBJECT'S NAME (LAST, FIRST, MI) CARMONA, JOSE		DATE OF BIRTH (b)(5)(A)	ARRESTED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	SUPERVISOR PRESENT <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
DATE/TIME SUPERVISOR NOTIFIED 09/27/2018 17:20				
<b>REASON(S) FOR USING FORCE:</b> <input type="checkbox"/> Necessary to effect an arrest <input checked="" type="checkbox"/> Necessary to prevent a violent forcible felony <input type="checkbox"/> Delaying Jail Operations <input type="checkbox"/> Necessary to defend self or another <input checked="" type="checkbox"/> Necessary to restrain for subject's safety <input checked="" type="checkbox"/> Necessary to prevent escape/evasion <input type="checkbox"/> Necessary during high-risk incident <input type="checkbox"/> Necessary to effect a lawful detention <input type="checkbox"/> Necessary during riot				
SUBJECT APPEARED TO BE <input checked="" type="checkbox"/> Under the influence of alcohol and/or drugs <input type="checkbox"/> Mentally impaired		NUMBER OF OFFICERS ON SCENE 5		NUMBER OF OFFICERS USING FORCE 1
<b>LEVEL(S) OF RESISTANCE ENCOUNTERED</b> <input type="checkbox"/> NONE (subject cooperated/complied) <input type="checkbox"/> PSYCHOLOGICAL INTIMIDATION (non-verbal cues indicating subject's attitude or physical readiness to resist) <input checked="" type="checkbox"/> VERBAL NON-COMPLIANCE (subject's expressed unwillingness to comply with the officer's commands) <input type="checkbox"/> PASSIVE RESISTANCE (represents by a refusal to respond to verbal commands but also offers no form of physical resistance) <input checked="" type="checkbox"/> ACTIVE RESISTANCE (pushing, pulling or running away from the officer to avoid control; not attempting to harm the officer) <input checked="" type="checkbox"/> ASSAULTIVE BEHAVIOR (physical actions of assault) <input checked="" type="checkbox"/> AGGRAVATED ACTIVE AGGRESSION (potential injury or death)				
<b>LAW ENFORCEMENT TOOL/TECHNIQUE USED TO GAIN COMPLIANCE OR OVERCOME RESISTANCE (CHECK ALL THAT APPLY)</b>				
<input checked="" type="checkbox"/> <b>Verbal Commands:</b> "Stop moving" "Roll over"				
<input checked="" type="checkbox"/> <b>Empty Hand Control</b> <input checked="" type="checkbox"/> Grab, Push, Pull, or Body Weight <input type="checkbox"/> Control Hold (Duration: ) <input type="checkbox"/> Pressure Point (Duration: ) (# of Contacts: ) <input type="checkbox"/> Strike (Body part used: ) (# of Contacts: ) <input type="checkbox"/> Takedown Type: _____ <input type="checkbox"/> Carotid (Rendered Unconscious? <input type="checkbox"/> Yes <input type="checkbox"/> No) (Duration: )				
<input checked="" type="checkbox"/> <b>Tool/Device/Weapon</b> <input type="checkbox"/> OC Agent (Duration: ) (# of Contacts: ) <input type="checkbox"/> Decontaminated <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cord Cuff Restraint Device (Duration: ) <input type="checkbox"/> Impact Weapon (# of Contacts: ) Type: _____ <input type="checkbox"/> Canine (Duration: ) (# of Contacts: ) <input type="checkbox"/> Vehicle/Forcible Stop <input type="checkbox"/> Weapon Pointed at Subject (Duration: ) Type: _____ <input type="checkbox"/> Spit Sock (Duration: ) <input type="checkbox"/> Pro-Straight Chair <input type="checkbox"/> Tactical Shield <input type="checkbox"/> WRAP				
<input type="checkbox"/> <b>Less-Lethal Weapon System</b> <input type="checkbox"/> PepperBall - OC Powder <input type="checkbox"/> PepperBall - Water <input type="checkbox"/> 37 mm Rifle - Standard <input type="checkbox"/> 37 mm Rifle - Low Energy <input type="checkbox"/> 40 mm Rifle - Bean Bag <input type="checkbox"/> 40 mm Rifle - Sponge <input type="checkbox"/> Taser - Probes <input type="checkbox"/> Taser - Drive Stuns <input type="checkbox"/> Stingball Grenade <input type="checkbox"/> Sound/Light device <input type="checkbox"/> 12-Gauge Super Sock <input type="checkbox"/> Ultron/NOVA Shield <input type="checkbox"/> REACT Belt				
<input type="checkbox"/> <b>Firearm</b> <input type="checkbox"/> Type: _____				
<input checked="" type="checkbox"/> <b>Other:</b> The Wrap _____ 1 _____				
WAS INITIAL USE OF FORCE EFFECTIVE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
WAS ADDITIONAL CONTROL OR FORCE NEEDED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
SUBJECT INJURED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		EXTENT OF TREATMENT <input type="checkbox"/> None <input checked="" type="checkbox"/> Treated at hospital <input type="checkbox"/> Treated at scene <input type="checkbox"/> Hospitalized <input type="checkbox"/> Refused treatment		
OFFICER(S) INJURED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		EXTENT OF TREATMENT <input checked="" type="checkbox"/> None <input type="checkbox"/> Treated at hospital <input type="checkbox"/> Treated at scene <input type="checkbox"/> Hospitalized <input type="checkbox"/> Refused treatment		
SUBJECT INJURY DESCRIPTION		OFFICER INJURY DESCRIPTION		
OTHER FORCE USED/COMMENTS/EQUIPMENT PERFORMANCE:				
SERGEANT		ARJIS	DATE	
LIEUTENANT		ARJIS	DATE	
CAPTAIN		ARJIS	DATE	

MARK  
FIGURE TO  
INDICATE  
CONTACT  
POINT(S)



# San Diego County Sheriff's Department

## Use of Force Supplemental

### Use of Force Supplemental Instructions

**Lines 1 & 3:** Fill in the blanks.

**Line 2:** If the suspect was committing a crime and force was used to stop or apprehend the subject, document the appropriate penal code. If the UOF occurred in the performance of the officer's duties, document the incident description, i.e. officer transport, officer escort, making arrest, detaining suspect, cell extraction etc.

**Primary Reason for Using Force:** Check appropriate box(s).

**Subject Appeared To Be:** Check if applicable.

**Number of Officers on Scene:** List number of officers present.

**Number of Officers Using Force:** List number of officers that used force.

**Level(s) of Resistance Encountered:** Check appropriate box(s).

**L.E. Tool/Technique Used:** Check appropriate box(s). If known and/or applicable, include duration (approximate length of time) tool/technique was used. If known and/or applicable, include the number of contacts (approximate number of strikes, impacts, etc.) when requested on form.

**Was Initial Use of Force Effective?** If initial force used was effective, check "Yes." If initial force used was ineffective and additional force was necessary, check "No."

**Was Additional Control or Force Needed:** If initial force used was ineffective and additional force was necessary, check "Yes." If initial force used was effective, check "No."

**Target Distance:** If applicable (refers primarily to less lethal weapon systems), approximate distance or provide range (i.e. 7-15 feet, 15-20 yards, etc.) from subject during application of force.

**Subject Injured:** Check "Yes" if medically treated for injury sustained as a possible result of force applied by a officer(s) – does not include previous injuries suffered prior to officer contact. Check "No" if subject was not injured or simply complains of injury/pain suffered as a result of force applied by an officer(s) and refuses medical attention. Any complaints of pain shall be documented in the use of force report narrative (whenever any physical force used by a officer results in a complaint of injury or an injury that necessitates medical treatment of a subject, a supervisor will be notified immediately).

**Extent of Treatment:** Check appropriate box. Check none if subject was evaluated and no treatment was required. Specifically, check "Treated at Scene" if subject was treated at scene by EMS for injuries that may have resulted due to force applied by officer(s). Check "Treated at Hospital" if subject was transported to hospital for treatment of injuries that may have been sustained as an apparent result of force applied by officer(s). Check "Hospitalized" if subject was admitted to the Hospital as a result of injuries that were sustained as a result of force applied by officer(s).

**Officer Injured:** Check appropriate box (see above).

**Extent of Treatment:** Check appropriate box. Check none if officer was evaluated and no treatment was required. Specifically, check "Treated at Scene" if officer was treated at scene by EMS for injuries. Check "Treated at Hospital" if officer was transported to hospital for treatment of injuries. Check "Hospitalized" if officer was admitted to the Hospital as a result of injuries.

**Other Force Used/Comments/Equipment Performance:** This section can be used to document other force options not listed on the form; relevant comments about the incident such as complaints of pain/injury (room permitting) and negative/positive comments regarding equipment performance.

**Mark Figure to Indicate Contact Points:** When applicable, mark the areas on the figure where applied force contacted the subject's body.

**Sergeant:** Sign, list ARJIS number and date reviewed.

**Lieutenant:** Sign, list ARJIS number and date reviewed.

**Captain:** Sign, list ARJIS number and date reviewed.



# San Diego County Sheriff's Department Officer Report

CAD Event No. **E5260303**Case No. **18150386**Report No. **80355****1**

Page 1 of 2

**GENERAL CASE INFORMATION**

Special Studies:		Related Cases:	
Location, City, State, ZIP: <b>(b)(5)(A) Montecito Rd, Ramona, CA 92065</b>		Occurred On: <b>9/27/2018 5:13:00 PM (Thursday)</b>	
Jurisdiction: <b>Ramona - RAMONA</b>	Beat: <b>430</b>	Call Source:	(and Between):

**INDIVIDUAL/S**

Name: <b>CARMONA, JOSE</b>		Person Code:	Interpreter Language: <b>EN - English</b>
ALIAS / AKA / NICKNAME / MONIKER:			
Home Address, City, State, ZIP: <b>(b)(5)(A)</b>		Res. Country: <b>US - UNITED STATES</b>	County Residence: <b>R Resident</b>
Race: <b>H</b>	Sex: <b>M</b>	Date of Birth / Age: <b>(b)(5)(A) - 43</b>	Height: <b>5' 5"</b>
Weight: <b>130 lbs</b>	Hair Color: <b>BRO</b>	Eye Color: <b>BRO</b>	Facial Hair: <b>03 - Full Beard and Mustache</b>
Complexion: <b>TAN - Tanned</b>	Employment Status: <b>U - Unemployed</b>		
Occupation/Grade:	Employer/School:	Employer Address, City, State, ZIP:	

**CONTACT INFORMATION****IDENTIFICATION:**

Type: <b>DLN - Drivers License Number</b>	Number: <b>(b)(5)(A)</b>	State: <b>CA - California</b>	Country:
Attire:	Injury: <b>Yes</b>	Extent Of Treatment: <b>3 - Treated at Hospital</b>	Violent Crime Circumstances:
Subject Injury Description:			
Officer Injury Description:			

**REPORT NARRATIVE****ORIGIN:**

On 9/27/18, at 1708 hours, Deputy Wilds (0081), Deputy Johnston (2602) and I went to **(b)(5)(A)** Montecito Road **(b)(5)(A)** to contact Jose Carmona (DO **(b)(5)(A)**). Carmona was the suspect in a Temporary Restraining Order violation and Domestic Violence. (CAD#E5260303)

**DEPUTY'S OBSERVATIONS AND ACTIONS:**

We arrived at the above mentioned location, after knocking on the door several times Carmona answered. Carmona verbally identified himself as Jose Carmona. I detained him in handcuffs and began to escort him to a patrol vehicle. Carmona had the strong smell of alcohol on or about his person, slurred speech and a staggered gate. Carmona kept telling his daughter he would find out who did this and wanted the video of this incident.

As we approached the first patrol vehicle Carmona dropped his body weight. I allowed Carmona to fall to the ground in attempt to prevent him injuring me. Once he was on the ground I held Carmona there and explained to him that he could get in the back seat of the patrol vehicle under his own power or I would place him back there. I attempted to help Carmona to his feet. When I did Carmona pulled his knees towards his chest. I carried Carmona a short distance and placed him in the back seat of the vehicle. Once Carmona's upper body was in the back seat Deputy Johnston and I searched Carmona. Carmona wrapped one of his legs around my right leg in an attempt from being placed in the vehicle. Carmona then refused to fully put his body in the vehicle so I could close the door. Deputy Wilds went to the passenger side of the vehicle and attempted to pull Carmona the rest of the way into the back seat. Carmona kicked his feet striking me in the left side of my abdomen. I attempted to pull Carmona out of the vehicle to place him in the maximum restraint "Wrap". Carmona continued to struggle and kick his legs. I struck Carmona once in the face with a closed fist in an attempt to make him stop kicking his legs at me. Carmona laid back in the vehicle I advised Carmona to stop kicking and I was able to close the door. If I had not struck Carmona in the face he would have continued to kick me and increasing the chance of him seriously injuring me.

Carmona began to spit blood and kick the back window of the patrol vehicle. The fire department was requested to treat Carmona for the injury he sustained from being punched in the face. I transported Carmona to the Ramona patrol station.

Reporting Officer <b>SH1221 - GERMAIN, BRETT</b>	Division / Organization <b>RAM_PAT / RAM - Ramona Substation</b>	Reviewed By <b>SH4678 - BUCKLEY, JOHN</b>
Report Date <b>9/27/2018 7:17:54 PM</b>	Detective Assigned <b>SH3771 - SOBCZAK, EVAN</b>	Reviewed Date <b>11/7/2018 6:50:20 AM</b>



## San Diego County Sheriff's Department Officer Report

CAD Event No. **E5260303**

Case No. **18150386**

Report No. **80355**

**2**

Page 2 of 2

Once in the secured vehicle lot I placed a spit sock over Carmona's head preventing him from spitting blood onto any Deputies or Fire Department personnel. I then removed Carmona from the back seat and placed him on the ground of the parking lot to place Carmona in the Wrap. I used both of my hands to hold Carmona to the ground while the ankle portion of the Wrap was secured. I then lifted Carmona so the leg portion of the Wrap could be placed under his legs. I helped Secure the leg portion of the Wrap. I then assisted placing the chest portion of the Wrap onto Carmona and tightened the straps of the chest portion. Once secured in the chest portion I placed downward pressure on the back of his neck and pushed his head towards his feet to secure the chest portion of the Wrap to the leg portion. I had to do this twice to properly tighten the strap. Carmona was safely secured in the Wrap to prevent him from kicking the back window, a Deputy of Fire Department personnel while they evaluated him.

The Fire Department personnel deemed it necessary to transport Carmona to the hospital via ambulance to be evaluated by a doctor. I used the ankle portion of the Wrap and assisted lifting Carmona onto the gurney to be transported to the hospital. I had no further contact with Carmona.

There is body camera video of the incident.

Reporting Officer <b>SH1221 - GERMAIN, BRETT</b>	Division / Organization <b>RAM_PAT / RAM - Ramona Substation</b>	Reviewed By <b>SH4678 - BUCKLEY, JOHN</b>
Report Date <b>9/27/2018 7:17:54 PM</b>	Detective Assigned <b>SH3771 - SOBCZAK, EVAN</b>	Reviewed Date <b>11/7/2018 6:50:20 AM</b>



# San Diego County Sheriff's Department

## Use of Force Supplemental

UFO DATE AND TIME 9/27/2018 17:13	EVENT NUMBER E5260303	CASE NUMBER 18150386	DOCUMENT NUMBER 80355	STATION/FACILITY RAM - Ramona Substation
INCIDENT DESCRIPTION / OFFENSES AR-3453PC/273.6PC/273.5PC-CARMONA, JOSE				
SUBJECT'S NAME (LAST, FIRST, MI) CARMONA, JOSE		DATE OF BIRTH (b)(5)(A)	ARRESTED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	SUPERVISOR PRESENT <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
DATE/TIME SUPERVISOR NOTIFIED 09/27/2018 17:20				
<b>REASON(S) FOR USING FORCE:</b> <input type="checkbox"/> Necessary to effect an arrest <input checked="" type="checkbox"/> Necessary to prevent a violent forcible felony <input type="checkbox"/> Delaying Jail Operations <input checked="" type="checkbox"/> Necessary to defend self or another <input checked="" type="checkbox"/> Necessary to restrain for subject's safety <input checked="" type="checkbox"/> Necessary to prevent escape/evasion <input type="checkbox"/> Necessary during high-risk incident <input type="checkbox"/> Necessary to effect a lawful detention <input type="checkbox"/> Necessary during riot				
SUBJECT APPEARED TO BE <input checked="" type="checkbox"/> Under the influence of alcohol and/or drugs <input type="checkbox"/> Mentally impaired		NUMBER OF OFFICERS ON SCENE 5		NUMBER OF OFFICERS USING FORCE 1
<b>LEVEL(S) OF RESISTANCE ENCOUNTERED</b> <input type="checkbox"/> NONE (subject cooperated/complied) <input type="checkbox"/> PSYCHOLOGICAL INTIMIDATION (non-verbal cues indicating subject's attitude or physical readiness to resist) <input checked="" type="checkbox"/> VERBAL NON-COMPLIANCE (subject's expressed unwillingness to comply with the officer's commands) <input type="checkbox"/> PASSIVE RESISTANCE (represents by a refusal to respond to verbal commands but also offers no form of physical resistance) <input checked="" type="checkbox"/> ACTIVE RESISTANCE (pushing, pulling or running away from the officer to avoid control; not attempting to harm the officer) <input checked="" type="checkbox"/> ASSAULTIVE BEHAVIOR (physical actions of assault) <input checked="" type="checkbox"/> AGGRAVATED ACTIVE AGGRESSION (potential injury or death)				
<b>LAW ENFORCEMENT TOOL/TECHNIQUE USED TO GAIN COMPLIANCE OR OVERCOME RESISTANCE (CHECK ALL THAT APPLY)</b>				
<input checked="" type="checkbox"/> <b>Verbal Commands:</b> <u>get in the car/ don't kick me</u>				
<input checked="" type="checkbox"/> <b>Empty Hand Control</b> <input type="checkbox"/> Grab, Push, Pull, or Body Weight <input type="checkbox"/> Control Hold (Duration: ) <input type="checkbox"/> Pressure Point (Duration: ) (# of Contacts: ) <input checked="" type="checkbox"/> Strike (Body part used: right hand, closed fist strike) (# of Contacts: 1) <input type="checkbox"/> Takedown Type: _____ <input type="checkbox"/> Carotid (Rendered Unconscious? <input type="checkbox"/> Yes <input type="checkbox"/> No) (Duration: )				
<input checked="" type="checkbox"/> <b>Tool/Device/Weapon</b> <input type="checkbox"/> OC Agent (Duration: ) (# of Contacts: ) <input type="checkbox"/> Decontaminated <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cord Cuff Restraint Device (Duration: ) <input type="checkbox"/> Impact Weapon (# of Contacts: ) Type: _____ <input type="checkbox"/> Canine (Duration: ) (# of Contacts: ) <input type="checkbox"/> Vehicle/Forcible Stop <input type="checkbox"/> Weapon Pointed at Subject (Duration: ) Type: _____ <input type="checkbox"/> Spit Sock (Duration: ) <input type="checkbox"/> Pro-Strait Chair <input type="checkbox"/> Tactical Shield <input type="checkbox"/> WRAP				
<input type="checkbox"/> <b>Less-Lethal Weapon System</b> <input type="checkbox"/> PepperBall - OC Powder <input type="checkbox"/> PepperBall - Water <input type="checkbox"/> 37 mm Rifle - Standard <input type="checkbox"/> 37 mm Rifle - Low Energy <input type="checkbox"/> 40 mm Rifle - Bean Bag <input type="checkbox"/> 40 mm Rifle - Sponge <input type="checkbox"/> Taser - Probes <input type="checkbox"/> Taser - Drive Stuns <input type="checkbox"/> Stingball Grenade <input type="checkbox"/> Sound/Light device <input type="checkbox"/> 12-Gauge Super Sock <input type="checkbox"/> Ultron/NOVA Shield <input type="checkbox"/> REACT Belt				
<input type="checkbox"/> <b>Firearm</b> <input type="checkbox"/> Type: _____				
<input checked="" type="checkbox"/> <b>Other:</b> <u>The Wrap</u>				
<b>Discharges</b> _____ <b>Number of</b> _____ <b>Target</b> _____				
WAS INITIAL USE OF FORCE EFFECTIVE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
WAS ADDITIONAL CONTROL OR FORCE NEEDED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
SUBJECT INJURED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		EXTENT OF TREATMENT <input type="checkbox"/> None <input checked="" type="checkbox"/> Treated at hospital <input type="checkbox"/> Treated at scene <input type="checkbox"/> Hospitalized <input type="checkbox"/> Refused treatment		
OFFICER(S) INJURED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		EXTENT OF TREATMENT <input checked="" type="checkbox"/> None <input type="checkbox"/> Treated at hospital <input type="checkbox"/> Treated at scene <input type="checkbox"/> Hospitalized <input type="checkbox"/> Refused treatment		
SUBJECT INJURY DESCRIPTION		OFFICER INJURY DESCRIPTION		
OTHER FORCE USED/COMMENTS/EQUIPMENT PERFORMANCE:				
MARK FIGURE TO INDICATE CONTACT POINT(S)				
SERGEANT		ARJIS	DATE	
LIEUTENANT		ARJIS	DATE	
CAPTAIN		ARJIS	DATE	



# San Diego County Sheriff's Department

## Use of Force Supplemental

### Use of Force Supplemental Instructions

**Lines 1 & 3:** Fill in the blanks.

**Line 2:** If the suspect was committing a crime and force was used to stop or apprehend the subject, document the appropriate penal code. If the UOF occurred in the performance of the officer's duties, document the incident description, i.e. officer transport, officer escort, making arrest, detaining suspect, cell extraction etc.

**Primary Reason for Using Force:** Check appropriate box(s).

**Subject Appeared To Be:** Check if applicable.

**Number of Officers on Scene:** List number of officers present.

**Number of Officers Using Force:** List number of officers that used force.

**Level(s) of Resistance Encountered:** Check appropriate box(s).

**L.E. Tool/Technique Used:** Check appropriate box(s). If known and/or applicable, include duration (approximate length of time) tool/technique was used. If known and/or applicable, include the number of contacts (approximate number of strikes, impacts, etc.) when requested on form.

**Was Initial Use of Force Effective?** If initial force used was effective, check "Yes." If initial force used was ineffective and additional force was necessary, check "No."

**Was Additional Control or Force Needed:** If initial force used was ineffective and additional force was necessary, check "Yes." If initial force used was effective, check "No."

**Target Distance:** If applicable (refers primarily to less lethal weapon systems), approximate distance or provide range (i.e. 7-15 feet, 15-20 yards, etc.) from subject during application of force.

**Subject Injured:** Check "Yes" if medically treated for injury sustained as a possible result of force applied by a officer(s) – does not include previous injuries suffered prior to officer contact. Check "No" if subject was not injured or simply complains of injury/pain suffered as a result of force applied by an officer(s) and refuses medical attention. Any complaints of pain shall be documented in the use of force report narrative (whenever any physical force used by a officer results in a complaint of injury or an injury that necessitates medical treatment of a subject, a supervisor will be notified immediately).

**Extent of Treatment:** Check appropriate box. Check none if subject was evaluated and no treatment was required. Specifically, check "Treated at Scene" if subject was treated at scene by EMS for injuries that may have resulted due to force applied by officer(s). Check "Treated at Hospital" if subject was transported to hospital for treatment of injuries that may have been sustained as an apparent result of force applied by officer(s). Check "Hospitalized" if subject was admitted to the Hospital as a result of injuries that were sustained as a result of force applied by officer(s).

**Officer Injured:** Check appropriate box (see above).

**Extent of Treatment:** Check appropriate box. Check none if officer was evaluated and no treatment was required. Specifically, check "Treated at Scene" if officer was treated at scene by EMS for injuries. Check "Treated at Hospital" if officer was transported to hospital for treatment of injuries. Check "Hospitalized" if officer was admitted to the Hospital as a result of injuries.

**Other Force Used/Comments/Equipment Performance:** This section can be used to document other force options not listed on the form; relevant comments about the incident such as complaints of pain/injury (room permitting) and negative/positive comments regarding equipment performance.

**Mark Figure to Indicate Contact Points:** When applicable, mark the areas on the figure where applied force contacted the subject's body.

**Sergeant:** Sign, list ARJIS number and date reviewed.

**Lieutenant:** Sign, list ARJIS number and date reviewed.

**Captain:** Sign, list ARJIS number and date reviewed.





# San Diego County Sheriff's Department Officer Report

CAD Event No. **E5260303**Case No. **18150386**Report No. **80347****1**

Page 1 of 1

**GENERAL CASE INFORMATION**

Special Studies:		Related Cases:	
Location, City, State, ZIP: <b>(b)(5)(A) Montecito Road, Ramona, CA 92065</b>		Occurred On: <b>9/27/2018 5:24:00 PM (Thursday)</b>	
Jurisdiction: <b>Ramona - RAMONA</b>	Beat: <b>430</b>	Call Source:	(and Between):

**INDIVIDUAL/S**

Name: <b>CARMONA, JOSE</b>				Person Code:		Interpreter Language: <b>EN - English</b>	
ALIAS / AKA / NICKNAME / MONIKER:							
Home Address, City, State, ZIP: <b>(b)(5)(A)</b>				Res. Country: <b>US - UNITED STATES</b>		County Residence: <b>R Resident</b>	
Race: <b>H</b>		Sex: <b>M</b>		Date of Birth / Age: <b>(b)(5)(A) - 43</b>		Height: <b>5' 5"</b>	
Weight: <b>130 lbs</b>		Hair Color: <b>BRO</b>		Eye Color: <b>BRO</b>		Facial Hair: <b>03 - Full Beard and Mustache</b>	
Complexion: <b>TAN - Tanned</b>		Employment Status: <b>U - Unemployed</b>		Occupation/Grade:		Employer/School:	
Employer Address, City, State, ZIP:		CONTACT INFORMATION					
IDENTIFICATION:							
Type: <b>DLN - Drivers License Number</b>		Number: <b>(b)(5)(A)</b>		State: <b>CA - California</b>		Country:	
Attire:		Injury: <b>Yes</b>		Extent Of Treatment: <b>3 - Treated at Hospital</b>		Violent Crime Circumstances:	
Subject Injury Description:							
Officer Injury Description:							

**REPORT NARRATIVE**

Origin:

On Thursday, September 27, 2018, at about 1720 hours, I was working as the Ramona Substation Patrol Sergeant when I was asked to assist with the placement of The Wrap restraint device.

Deputy's Observations and Actions:

Deputy Germain requested my assistance with placing The Wrap device on a combative subject who was in the back of a Sheriff's patrol vehicle in the parking lot of the Ramona Substation. I responded to the parking lot and assisted with securing the ankles in The Wrap ankle strap. Using my hand, I placed downward pressure to the subject's ankles until the rest of the device was placed. While the device was being placed by other deputies, I assisted with securing the lower leg strap as well as the chest strap to the leg strap. That concluded my involvement with this incident.

Reporting Officer <b>SH4678 - BUCKLEY, JOHN</b>	Division / Organization <b>RAM_PAT / RAM - Ramona Substation</b>	Reviewed By <b>SH2832 - SAMUELS III, ROBERT</b>
Report Date <b>9/27/2018 5:39:04 PM</b>	Detective Assigned <b>SH3771 - SOBCZAK, EVAN</b>	Reviewed Date <b>11/7/2018 7:33:55 AM</b>



# San Diego County Sheriff's Department

## Use of Force Supplemental

UFO DATE AND TIME 9/27/2018 17:24	EVENT NUMBER E5260303	CASE NUMBER 18150386	DOCUMENT NUMBER 80347	STATION/FACILITY RAM - Ramona Substation												
INCIDENT DESCRIPTION / OFFENSES Arrest - Jose Carmona																
SUBJECT'S NAME (LAST, FIRST, MI) CARMONA, JOSE		DATE OF BIRTH [REDACTED]	ARRESTED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	SUPERVISOR PRESENT <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No												
DATE/TIME SUPERVISOR NOTIFIED 09/27/2018 17:20																
<b>REASON(S) FOR USING FORCE:</b> <input type="checkbox"/> Necessary to effect an arrest <input type="checkbox"/> Necessary to prevent a violent forcible felony <input type="checkbox"/> Delaying Jail Operations <input type="checkbox"/> Necessary to defend self or another <input checked="" type="checkbox"/> Necessary to restrain for subject's safety <input type="checkbox"/> Necessary to prevent escape/evasion <input type="checkbox"/> Necessary during high-risk incident <input type="checkbox"/> Necessary to effect a lawful detention <input type="checkbox"/> Necessary during riot																
SUBJECT APPEARED TO BE <input checked="" type="checkbox"/> Under the influence of alcohol and/or drugs <input type="checkbox"/> Mentally impaired		NUMBER OF OFFICERS ON SCENE 5		NUMBER OF OFFICERS USING FORCE 1												
<b>LEVEL(S) OF RESISTANCE ENCOUNTERED</b> <input type="checkbox"/> NONE (subject cooperated/complied) <input type="checkbox"/> PSYCHOLOGICAL INTIMIDATION (non-verbal cues indicating subject's attitude or physical readiness to resist) <input checked="" type="checkbox"/> VERBAL NON-COMPLIANCE (subject's expressed unwillingness to comply with the officer's commands) <input type="checkbox"/> PASSIVE RESISTANCE (represents by a refusal to respond to verbal commands but also offers no form of physical resistance) <input type="checkbox"/> ACTIVE RESISTANCE (pushing, pulling or running away from the officer to avoid control; not attempting to harm the officer) <input type="checkbox"/> ASSAULTIVE BEHAVIOR (physical actions of assault) <input type="checkbox"/> AGGRAVATED ACTIVE AGGRESSION (potential injury or death)																
<b>LAW ENFORCEMENT TOOL/TECHNIQUE USED TO GAIN COMPLIANCE OR OVERCOME RESISTANCE (CHECK ALL THAT APPLY)</b>																
<input type="checkbox"/> <b>Verbal Commands:</b>																
<input checked="" type="checkbox"/> <b>Empty Hand Control</b> <input checked="" type="checkbox"/> Grab, Push, Pull, or Body Weight <input type="checkbox"/> Control Hold (Duration: ) <input type="checkbox"/> Pressure Point (Duration: ) (# of Contacts: ) <input type="checkbox"/> Strike (Body part used: ) (# of Contacts: ) <input type="checkbox"/> Takedown Type: _____ <input type="checkbox"/> Carotid (Rendered Unconscious? <input type="checkbox"/> Yes <input type="checkbox"/> No) (Duration: )																
<input checked="" type="checkbox"/> <b>Tool/Device/Weapon</b> <input type="checkbox"/> OC Agent (Duration: ) (# of Contacts: ) <input type="checkbox"/> Decontaminated <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cord Cuff Restraint Device (Duration: ) <input type="checkbox"/> Impact Weapon (# of Contacts: ) Type: _____ <input type="checkbox"/> Canine (Duration: ) (# of Contacts: ) <input type="checkbox"/> Vehicle/Forcible Stop <input type="checkbox"/> Weapon Pointed at Subject (Duration: ) Type: _____ <input type="checkbox"/> Spit Sock (Duration: ) <input type="checkbox"/> Pro-Strait Chair <input type="checkbox"/> Tactical Shield <input type="checkbox"/> WRAP																
<input type="checkbox"/> <b>Less-Lethal Weapon System</b> <input type="checkbox"/> PepperBall - OC Powder <input type="checkbox"/> PepperBall - Water <input type="checkbox"/> 37 mm Rifle - Standard <input type="checkbox"/> 37 mm Rifle - Low Energy <input type="checkbox"/> 40 mm Rifle - Bean Bag <input type="checkbox"/> 40 mm Rifle - Sponge <input type="checkbox"/> Taser - Probes <input type="checkbox"/> Taser - Drive Stuns <input type="checkbox"/> Stingball Grenade <input type="checkbox"/> Sound/Light device <input type="checkbox"/> 12-Gauge Super Sock <input type="checkbox"/> Ultron/NOVA Shield <input type="checkbox"/> REACT Belt																
<input type="checkbox"/> <b>Firearm</b> <input type="checkbox"/> Type: _____																
<input checked="" type="checkbox"/> <b>Other:</b> The Wrap _____ 1 _____																
WAS INITIAL USE OF FORCE EFFECTIVE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
WAS ADDITIONAL CONTROL OR FORCE NEEDED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																
SUBJECT INJURED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		EXTENT OF TREATMENT <input type="checkbox"/> None <input checked="" type="checkbox"/> Treated at hospital <input type="checkbox"/> Treated at scene <input type="checkbox"/> Hospitalized <input type="checkbox"/> Refused treatment														
OFFICER(S) INJURED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		EXTENT OF TREATMENT <input checked="" type="checkbox"/> None <input type="checkbox"/> Treated at hospital <input type="checkbox"/> Treated at scene <input type="checkbox"/> Hospitalized <input type="checkbox"/> Refused treatment														
SUBJECT INJURY DESCRIPTION		OFFICER INJURY DESCRIPTION														
OTHER FORCE USED/COMMENTS/EQUIPMENT PERFORMANCE:																
<table border="1"><tr><td>SERGEANT</td><td></td><td>ARJIS</td><td>DATE</td></tr><tr><td>LIEUTENANT</td><td></td><td>ARJIS</td><td>DATE</td></tr><tr><td>CAPTAIN</td><td></td><td>ARJIS</td><td>DATE</td></tr></table>					SERGEANT		ARJIS	DATE	LIEUTENANT		ARJIS	DATE	CAPTAIN		ARJIS	DATE
SERGEANT		ARJIS	DATE													
LIEUTENANT		ARJIS	DATE													
CAPTAIN		ARJIS	DATE													



# San Diego County Sheriff's Department

## Use of Force Supplemental

### Use of Force Supplemental Instructions

**Lines 1 & 3:** Fill in the blanks.

**Line 2:** If the suspect was committing a crime and force was used to stop or apprehend the subject, document the appropriate penal code. If the UOF occurred in the performance of the officer's duties, document the incident description, i.e. officer transport, officer escort, making arrest, detaining suspect, cell extraction etc.

**Primary Reason for Using Force:** Check appropriate box(s).

**Subject Appeared To Be:** Check if applicable.

**Number of Officers on Scene:** List number of officers present.

**Number of Officers Using Force:** List number of officers that used force.

**Level(s) of Resistance Encountered:** Check appropriate box(s).

**L.E. Tool/Technique Used:** Check appropriate box(s). If known and/or applicable, include duration (approximate length of time) tool/technique was used. If known and/or applicable, include the number of contacts (approximate number of strikes, impacts, etc.) when requested on form.

**Was Initial Use of Force Effective?** If initial force used was effective, check "Yes." If initial force used was ineffective and additional force was necessary, check "No."

**Was Additional Control or Force Needed:** If initial force used was ineffective and additional force was necessary, check "Yes." If initial force used was effective, check "No."

**Target Distance:** If applicable (refers primarily to less lethal weapon systems), approximate distance or provide range (i.e. 7-15 feet, 15-20 yards, etc.) from subject during application of force.

**Subject Injured:** Check "Yes" if medically treated for injury sustained as a possible result of force applied by a officer(s) – does not include previous injuries suffered prior to officer contact. Check "No" if subject was not injured or simply complains of injury/pain suffered as a result of force applied by an officer(s) and refuses medical attention. Any complaints of pain shall be documented in the use of force report narrative (whenever any physical force used by a officer results in a complaint of injury or an injury that necessitates medical treatment of a subject, a supervisor will be notified immediately).

**Extent of Treatment:** Check appropriate box. Check none if subject was evaluated and no treatment was required. Specifically, check "Treated at Scene" if subject was treated at scene by EMS for injuries that may have resulted due to force applied by officer(s). Check "Treated at Hospital" if subject was transported to hospital for treatment of injuries that may have been sustained as an apparent result of force applied by officer(s). Check "Hospitalized" if subject was admitted to the Hospital as a result of injuries that were sustained as a result of force applied by officer(s).

**Officer Injured:** Check appropriate box (see above).

**Extent of Treatment:** Check appropriate box. Check none if officer was evaluated and no treatment was required. Specifically, check "Treated at Scene" if officer was treated at scene by EMS for injuries. Check "Treated at Hospital" if officer was transported to hospital for treatment of injuries. Check "Hospitalized" if officer was admitted to the Hospital as a result of injuries.

**Other Force Used/Comments/Equipment Performance:** This section can be used to document other force options not listed on the form; relevant comments about the incident such as complaints of pain/injury (room permitting) and negative/positive comments regarding equipment performance.

**Mark Figure to Indicate Contact Points:** When applicable, mark the areas on the figure where applied force contacted the subject's body.

**Sergeant:** Sign, list ARJIS number and date reviewed.

**Lieutenant:** Sign, list ARJIS number and date reviewed.

**Captain:** Sign, list ARJIS number and date reviewed.



# San Diego County Sheriff's Department Evidence Report

Case No: **18150386**Evidence Sheet No: **001****1**

Page 1 of 1


**GENERAL CASE INFORMATION**

REPORTING AGENCY: <b>SH - Sheriff</b>				
CALL FOR SERVICE NUMBER (CAD) <b>E5260303</b>	OFFENSE TYPE: <b>273.5 (A) - PC - SPOUSAL/COHABITANT ABUSE WITH MINOR INJURY (F)</b>	DIVISION: <b>RAM - Ramona Substation</b>	BILLING CODE: <b>SDSO - SD Sheriff's Office</b>	SEARCH WARRANT NUMBER:
DATE OF INCIDENT: <b>9/27/2018 5:15:00 PM</b>	INCIDENT LOCATION (CITY, STATE, ZIP): <b>(b)(5)(A) Montecito Rd Ramona, CA 92065</b>			KEY CASE NUMBER:
REPORTING OFFICER: <b>SH0081 - WILDS, JESSICA</b>		ID: <b>SH0081</b>	DIVISION: <b>North Coastal Station</b>	
ASSIGNED DETECTIVE: <b>SH3771 - SOBCZAK, EVAN</b>		ID: <b>SH3771</b>	DIVISION: <b>Ramona Substation</b>	

**OUTSIDE AGENCY**

OA CASE NUMBER:	AGENCY NAME:	ASSIGNED DETECTIVE:	CONTACT PHONE
	AGENCY ADDRESS (CITY, STATE, ZIP):		

**INVOLVED PEOPLE****EVIDENCE INFORMATION SECTION**

FIN <b>1.1</b>	OA Item/TAG #	PROPERTY DESCRIPTION: <b>COMPACT DISC OF PHOTOGRAPHS</b>		 <b>* S 0 0 4 6 6 8 4 *</b>	
VALUE:	QUANTITY: <b>1</b>	MAKE / MANUFACTURER:	MODEL:		
CALIBER:	SERIAL NUMBER:	PROPERTY TYPE: <b>1311 - Recording - Interview or Case related - Video/Photo CD, DVD, Tape, Film, Digital storage, Negative</b>			
PROPERTY STATUS: <b>ES - Evidence (Seized)</b>		SEARCH WARRANT:			
PROPERTY DISPOSITION: <b>Stored</b>		DATE/TIME RECD / SEIZED: <b>9/27/2018 7:15:00 PM</b>	CSI		PFIN
DRUG TYPE:		DRUG QUANTITY:			DRUG MEASURE:
NOTES:					



# San Diego County Sheriff's Department Officer Report

CAD Event No. **E5260303**Case No. **18150386**Report No. **81371****1**

Page 1 of 2

**GENERAL CASE INFORMATION**

Special Studies:		Related Cases:	
Location, City, State, ZIP: <b>(b)(5)(A) Montecito Rd, Ramona, CA 92065</b>		Occurred On: <b>9/27/2018 3:45:00 PM (Thursday)</b>	
Jurisdiction: <b>Ramona - RAMONA</b>	Beat: <b>430</b>	Call Source:	(and Between):

**INDIVIDUAL/S**

Name: <b>CARMONA, JOSE</b>				Person Code:		Interpreter Language: <b>EN - English</b>	
ALIAS / AKA / NICKNAME / MONIKER:							
Home Address, City, State, ZIP: <b>(b)(5)(A)</b>				Res. Country: <b>US - UNITED STATES</b>		County Residence: <b>R Resident</b>	
Race: <b>H</b>		Sex: <b>M</b>		Date of Birth / Age: <b>(b)(5)(A) - 43</b>		Height: <b>5' 5"</b>	
Weight: <b>130 lbs</b>		Hair Color: <b>BRO</b>		Eye Color: <b>BRO</b>		Facial Hair: <b>03 - Full Beard and Mustache</b>	
Complexion: <b>TAN - Tanned</b>							
Employment Status: <b>U - Unemployed</b>		Occupation/Grade:		Employer/School:		Employer Address, City, State, ZIP:	
CONTACT INFORMATION							
IDENTIFICATION:							
Type: <b>DLN - Drivers License Number</b>		Number: <b>(b)(5)(A)</b>		State: <b>CA - California</b>		Country:	
Attire:		Injury:		Extent Of Treatment:		Violent Crime Circumstances:	
Subject Injury Description:							
Officer Injury Description:							

**REPORT NARRATIVE****ORIGIN:**

On October 17, 2018, I was assigned by Lt. Davis to conduct a follow up interview in regards to a use of force incident involving Jose Carmona. I found Carmona was still incarcerated at the Sheriff's George Bailey Detention Facility.

**DEPUTY'S OBSERVATIONS AND ACTIONS:**

I contacted Carmona in a "Pro-Visit" room in the detention facility. I introduced myself and explained the reason I was there to see him. I advised him he did not have to speak with me if he chose not to and he did not have to answer any of my questions if he so desired. Carmona stated he understood.

While talking with Carmona, I took the opportunity to study his face. I noticed he had a very slight discoloration around his left eye, forehead, and cheek. I did not see any other abnormality.

I began by asking Carmona if he recalled the day of his arrest. Carmona stated he was very drunk that day and did not recall much of the incident. I asked him if he recalled being contacted by deputies in his apartment and he stated he did. I asked him to tell me about that contact and he again stated he could not recall much because of his high level of intoxication.

I asked him to tell me what he did remember. Carmona stated he recalled deputies coming to his home and placing him under arrest. He was being walked to the patrol car when he fell to the ground. Deputies then got on top of him and began pushing and moving him. He did not recall much after that.

I told Carmona I had reviewed the video from the body cameras the deputies wore during the incident. I asked if he wanted to hear what I had seen and he stated he did. I told Carmona the video showed deputies placing him under arrest and escorting him to a patrol vehicle. As everyone neared the patrol vehicle, Carmona dropped to the ground. Deputy Germain talked to Carmona and instructs him to stand up and get in the patrol vehicle. When Carmona refused to comply, Deputies Germain and Johnston picked him up and start to place him in the patrol vehicle. Deputy Wilds went around to the other side of the

Reporting Officer <b>SH4604 - SHEPPARD, JEREMY</b>	Division / Organization <b>RAM_PAT / RAM - Ramona Substation</b>	Reviewed By <b>SH4678 - BUCKLEY, JOHN</b>
Report Date <b>10/26/2018 7:00:27 PM</b>	Detective Assigned <b>SH3771 - SOBCZAK, EVAN</b>	Reviewed Date <b>10/27/2018 10:21:55 AM</b>



# San Diego County Sheriff's Department Officer Report

CAD Event No. **E5260303**

Case No. **18150386**

Report No. **81371**

**2**

Page 2 of 2

patrol vehicle and started to pull Carmona in when she loses her grasp on him. At that point, Carmona kicked Deputy Germain in the stomach. That is when Deputy Germain hit Carmona in the face one time. After that, Carmona complied and was placed in the patrol vehicle without any further incident. Carmona was later transported to the patrol station where he was evaluated by paramedics.

After telling Carmona what I had watched on the video, he said, "Yeah, I probably deserved that." I asked him what he meant by that. Carmona stated again he was really intoxicated and he did not recall his actions from that incident. I asked Carmona how he was feeling and if he had any issues with where he was hit. Carmona said he was fine and did not have any complaints.

I told Carmona I had seen two women in the video during the incident. I described the women to him (one being younger and the second being older) and he believed the younger woman was (b)(5)(B). He did not know who the second, older woman was.

After speaking with Carmona, I asked him if he would be willing to sign a Medical Release form. Carmona agreed and signed the form. I later provided the form to Detective Sergeant Samuels.

I returned to the apartment complex and went to Carmona's apartment. I attempted to contact (b)(5)(B) but she was not available when I arrived. I gave my card to her son and asked for her to call me when she could. On October 19, 2018, I had a missed call on my work desk phone from (b)(5)(B). I called her back and left another message for her to call me back. As of the completion of this report, I have yet to make contact with (b)(5)(B).

I made phone contact with Division of Inspectional Services Sergeant Perkins and informed him of the incident.

Reporting Officer <b>SH4604 - SHEPPARD, JEREMY</b>	Division / Organization <b>RAM_PAT / RAM - Ramona Substation</b>	Reviewed By <b>SH4678 - BUCKLEY, JOHN</b>
Report Date <b>10/26/2018 7:00:27 PM</b>	Detective Assigned <b>SH3771 - SOBCZAK, EVAN</b>	Reviewed Date <b>10/27/2018 10:21:55 AM</b>





# San Diego County SHERIFF'S DEPARTMENT

Post Office Box 939062, San Diego, CA 92193-9062

## MEDICAL RECORDS RELEASE

PATIENT'S NAME: JOSE CARMONA DATE: 6/17/18

PATIENT'S BIRTH DATE: (b)(5)(A) RECORD: \_\_\_\_\_

I, the Undersigned, do hereby authorize and request,

\_\_\_\_\_  
(Name of facility or physician)

To release the below-described medical records in your possession concerning my examination and/or treatment to:

**SAN DIEGO COUNTY SHERIFF'S DEPARTMENT**

\_\_\_\_\_  
(Investigator)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip Code)

PURPOSE for release: ☐ Continuity of care ☐ Other, i.e. investigation

SPECIFIC records to release: ☐ HIV test results ☐ Other: \_\_\_\_\_

By paper, oral, and electronic means any and all of my medical records listed below, including but not limited to:

☒ **MEDICAL** injuries, illnesses, conditions

☐ **HIV** test results

☐ **MENTAL** illnesses, conditions

☐ **ALCOHOL/DRUG** abuse

For the time period of: 9/27/18

NOTICE: I understand that the medical information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by federal privacy regulations (HIPAA). California law prohibits the person receiving my health information from making further disclosure of it unless another authorization for such disclosure is obtained or unless such disclosure is specifically required or permitted by law.

I may withdraw this authorization at any time prior to the release of the information. In any case, this authorization will expire ninety (90) days after signing without further notice from me.

I understand that I may receive a copy of this release for my records.

☐ COPY RECEIVED

☐ COPY NOT RECEIVED

SIGNATURE: (b)(5)(B) DATE: 10-17-18  
(AGENT/REPRESENTATIVE)

If not signed by patient, specify basis for authority to sign:

☐ Attorney-In-Fact For Health Care (Attach a copy to this authorization)

☐ Other (Attach a copy to this authorization): \_\_\_\_\_